



GEORGIA MEDICAID FEE-FOR-SERVICE SKELETAL MUSCLE RELAXANTS PA SUMMARY

Preferred	Non-Preferred
Baclofen generic	Amrix (cyclobenzaprine extended-release)
Carisoprodol 350mg generic	Carisoprodol 250mg generic
Carisoprodol/aspirin generic	Carisoprodol/aspirin/codeine generic
Chlorzoxazone generic	Cyclobenzaprine 7.5mg tablets generic
Cyclobenzaprine generic	Lorzone (chlorzoxazone)
Dantrolene sodium generic	Metaxalone generic – <i>PA not required</i>
Methocarbamol generic	Soma 250mg (carisoprodol)
Orphenadrine generic	Tizanidine capsules generic
Tizanidine tablets generic	Zanaflex capsules (tizanidine)

LENGTH OF AUTHORIZATION: 1 Month

NOTE:

- ❖ If generic tizanidine capsules are approved, the PA will be issued for the brand Zanaflex. If brand Soma 250mg is approved, the PA will be issued for generic carisoprodol 250mg.

PA CRITERIA:

For Amrix and Cyclobenzaprine 7.5mg Tablets generic

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic cyclobenzaprine immediate-release 5mg, 10mg tablets, is not appropriate for the member.

For Carisoprodol 250mg generic, Soma 250mg

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to two preferred products.
- ❖ In addition for Soma 250mg, submit a written letter of medical necessity stating the reason(s) the preferred products, generic carisoprodol 250mg, is not appropriate for the member.

For Carisoprodol/Aspirin/Codeine generic

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred products, generic carisoprodol/aspirin and generic codeine as separate products are not appropriate for the member.

For Lorzone

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic chlorzoxazone 500mg tablets [which are scored and can be used for 250mg, 500mg, or 750mg dosing], is not appropriate for the member.

For Tizanidine Capsules generic and Zanaflex Capsules

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic tizanidine tablets, is not appropriate for the member.



EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.